111

| | | | | | | | Application or Docket Number | | | | | |
|--|---------------|----------------|------------------------------|------------------|-------|-------------------|------------------------------|----------------------------|----------|------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | | | | 09/702074 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | | |
| TOTAL CLAIMS | | | | | Γ | RATE | | FEE | | RATE | FEE | |
| FOR | NUMBER F | ILED | NUMBE | R EXTRA | E | BASIC F | EE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | /5 min | '5 minus 20= * | | | | X\$ 9= | | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | 3 minus 3 = * | | | | X40= | | | OR | X80= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | I | +135= | | | | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | L | TOTAL | | | OR | TOTAL | | | |
| • | | | | | | IOIA | L | | OR | OTHER | 7/0. | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL ENTITY | | | OR | SMALL | | |
| CLAIMS REMAINING AFTER AMENDIMENT Total Independent Total Total Total Total Total Total Total | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total · /5 | Minus | 7 | 9 | = | | X\$ 9= | - | | OR | X\$18= | | |
| Independent · 3 | Minus | *** | 3 | =/ | | X40= | , | | OR | X80= | 於 | |
| FIRST PRESENTATION OF M | JLTIPLE DEF | ENDEN | TCLAIM | n n | l | +135= | | | | +270= | | |
| | | | | | Ļ | +133= | | | OR | TOTAL | | |
| (Column 1) (Column 2) Column 3) | | | | | | | EE . | | OR | ADDIT. FEE | | |
| (Olama) | | HIGH | HEST | Column 3) | 1 г | | _ | ADDI- | Ì | N | ADDI- | |
| REMAINING AFTER AMENDMENT | | PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RATE | | TIONAL | | RATE | TIONAL | |
| Total /S | Minus | 2 | 0, | = | | X\$ 9= | ≟ , . | 14 16 5 4 | OR | X\$18= | | |
| Total Independent FIRST PRESENTATION OF M | Minus | | } | = | | X40= | | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +135= | | · | | +270= | | |
| | | | · | | اِ | TOT | AL | | OR OR | TOTAL | | |
| | | 40.1 | ٥) | | | ADDIT. F | EE | . 25 | OU | ADDIT. FEE | 1.00 | |
| (Column 1) CLAIMS | | HiG | imn 2) HEST | (Column 3) | 1 г | | _ | ADDI- | ٠. ا | | ADDI | |
| Total Independent FIRST PRESENTATION OF M | | PREV | MBER IOUSLY FOR | PRESENT EXTRA | | RATE | | TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total | Minus | ** | | = '' | | X\$ 9₌ | = | e . e . 1 4 | OR | X\$18= | A STATE | |
| Independent • | Minus | *** | | = | 1 | X40= | | | OR | X80= | and the second | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +1 | | | | | | | _ | . · · · · | · | +270= | 1 | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | AL | | OR | TOTAL | aidin | |
| ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |